Qlick & Care Physio

Patient Consent Form

Qlick and Care

1. Consent to services

I consent to receive the services provided by Qlick and Care Physio. I may ask questions at any time and share any information that may be useful for my care.

2. Data protection and professional confidentiality

- I consent to the processing of my administrative and medical data required for my care, therapeutic follow-up, billing and coordination of care.
- Access to my data is limited to the professionals and administrative staff involved in my care.
- Necessary information may be shared with the relevant healthcare professionals, insurers and authorised service providers within legal limits.
- Medical data is protected by professional confidentiality and the applicable data protection rules.
- I may request information about the processing of my data and ask for it to be corrected in accordance with applicable regulations.

3. Administrative communications

Administrative communications may include confirmation, cancellation or rescheduling of appointments, as well as requests for administrative documents. Sensitive medical information should not be transmitted by unencrypted email, except where specifically necessary and with appropriate consent.

☐ **I accept**	to be contacted by telephone, SMS or email for administrative matters, including by unencrypted email when necessary.
☐ **I refuse**	the use of unencrypted email for administrative communications; I will then use telephone or another method agreed with the administrative office.

4. Prescription, insurance and billing

- I undertake to provide a valid prescription, when required, as well as the complete information needed for coverage by my insurance.
- If the required documents have not been provided after the third session, the services may be billed directly to me.
- Services outside an agreement or not covered by insurance are billed according to the applicable rates of the relevant centre.

5. Rights, duties, remedies and signature

I have been able to review the patient's rights and duties, as well as the available remedies in the different centres. I have read and understood this form and I give my consent for the items described above.

Patient surname, first name and date of birth	.....
Place and date	.....
Signature of patient / legal representative	
Name of legal representative, if applicable	.....